



## **Primary Care Resource Initiative for Missouri**

### **Student Loan Program**

# **Policy and Procedure Guidelines**

**November 2012**

Missouri Department of Health and Senior Services  
Office of Primary Care and Rural Health

Contact the PRIMO Program  
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#### **NOTICE: PLEASE KEEP THIS DOCUMENT**

Applicants selected to participate in the PRIMO Student Loan Program should retain these policies and procedures as a reference guide to the program. The Policies and Procedures describe the PRIMO Student Loan Program authorized by Missouri Revised Statutes Chapter 191 Health and Welfare Section 191.411 and defined in 19 Missouri Code of State Regulations 10-4.010. Future changes in the governing statute and implementation of regulations will also be applicable to your participation in this Program. The regulation first and foremost establishes the overall structure for PRIMO.

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## **Introduction**

### **Program Background**

In 1993, House Bill 564 was passed by the Missouri General Assembly and signed by the Governor. This comprehensive legislation addressed several important issues involving health care in the State of Missouri. A major component of this legislation (Statute RSMo 191.411) requires the development and implementation of a plan to define a system of coordinated health care services available and accessible to all Missouri Citizens. Pursuant to this mandate, the Missouri Department of Health and Senior Services (DHSS) established the Primary Care Resource Initiative for Missouri (PRIMO). PRIMO was designed as coordinated incentives to increase the number of primary medical, dental, and behavioral health care professionals and health care delivery systems in areas of need within the state. PRIMO has developed a pipeline approach that addresses the needs of students from high school through graduate school, and addresses the needs of communities to build clinics and services to assure the students have a place in their community to practice. Key to the success of these incentives is the identification, support and placement of those individuals most inclined to pursue primary medical, dental, or behavioral health care specialties and to practice in DHSS-approved areas of defined need.

### **Student Loan Profile**

The PRIMO Student Loan Program is a competitive State program that awards forgivable loans to students pursuing health care training that leads to Missouri licensure or registration in one of the following fields:

- Primary Care Physician (General Practice, Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology)
- Dentist
- Dental Hygienist
- Psychiatrist
- Psychologist
- Licensed Clinical Social Worker
- Licensed Professional Counselor

In return, the student (also referred to as PRIMO Scholar) is required to fulfill their obligation by providing primary medical, dental, or behavioral health care services in a DHSS-approved area of defined need upon completion of their training. The obligation is one (1) year of qualified employment for each school year a loan is received, with a minimum 1-year obligation and a maximum 5-year commitment.

Students uncertain of a commitment to primary medical, dental, or a behavioral health care practice in a DHSS-approved area of defined need in Missouri or who are unable to relocate based on needs of the PRIMO Program are advised not to participate in this program. Students unsure about their future specialty interests are advised not to apply for this program.

To remain eligible for the PRIMO Student Loan Program, PRIMO Scholars are encouraged to meet the criteria as described in “PRIMO Scholar Expectations.”

**DHSS-approved Area of Defined Need**

A DHSS-approved area of defined need is a geographic area, facility, or a population group which has been determined by DHSS as experiencing a shortage of primary medical, dental, or behavioral health care providers or has inadequate access to health care providers. This includes those areas designated as Health Professional Shortage Areas (HPSA).

**Primary Medical Health Care Services**

Primary Medical Health Care Services are defined as the hands-on provision of direct outpatient based primary and preventive health care services by a licensed physician specializing in family practice, general practice, general internal medicine, general obstetrics/gynecology, or general pediatrics. These services must be conducted during normally scheduled clinic hours in an outpatient care setting. PRIMO Scholars interested in practicing at state and federal facilities should contact the program for more information.

**Primary Dental Health Care Services**

Primary Dental Health Care Services are defined as the hands-on provision of direct outpatient based primary dental and preventive health care services by a licensed general dentist or dental hygienist. These services must be conducted during normally scheduled clinic hours in an outpatient care setting. PRIMO Scholars interested in practicing at state and federal facilities should contact the program for more information.

**Primary Behavioral Health Care Services**

Primary Behavioral Health Care Services are defined as the hands-on provision of direct outpatient based primary behavioral health care services by a licensed psychiatrist, psychologist, licensed clinical social worker, or licensed professional counselor. These services must be conducted during normally scheduled clinic hours in an outpatient care setting. PRIMO Scholars interested in practicing at state and federal facilities should contact the program for more information.

## **Applicant Eligibility**

Applicants must meet the following requirements in order to be eligible for PRIMO.

### **Missouri Resident**

To be eligible, the applicant must be a Missouri resident attending a Missouri educational institution. Missouri residents are those who have lived in this state for more than one year for any purpose other than to attend an educational institution.

### **Course of Study**

To be eligible, applicants must have been accepted by or be currently attending a school offering a course of study leading to a degree as:

- A Doctor of Allopathic (MD) or Osteopathic Medicine (DO)
- In the case of a primary medical health care resident, the residency program must be in the field of Family Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics, or Psychiatry.
- A Doctor of Dentistry (D.D.S.)

OR

Applicants must be accepted by and participating in a full time course of study in a Bachelor of Science (B.S.) or Bachelor of Arts (B.A.) degree leading to acceptance into a school of medicine or dentistry.

OR

Applicants must be accepted by and participating in a full time course of study leading to a Bachelor of Science (B.S.) or Bachelor of Arts (B.A.) or Associate of Arts (A.A.) or Associates of Science (A.S.) degree in dental hygiene.

OR

Applicants must be accepted by and participating in a full time course of study leading to a Masters or Doctoral Level degree in Psychology, Licensed Clinical Social Work, or Professional Counseling.

### **Participating Schools and Programs Located in Missouri**

The schools and educational programs for which PRIMO support is requested must be in the State of Missouri. Participating schools and programs means an institution in **Missouri** which grants degrees as follows:

- Doctor of allopathic or osteopathic medicine,
  - In the case of a primary medical health care resident, the residency program must lead to specialty board eligibility in Family Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics, or Psychiatry.
- Doctor of Dentistry,
- Bachelor of Science (B.S.) or Bachelor of Arts (B.A.) in a field leading to acceptance into a school of allopathic or osteopathic medicine,
- Bachelor of Science (B.S.) or Bachelor of Arts (B.A.) in a field leading to acceptance into a school of dentistry,
- Bachelor of Science (B.S.) or Associates in Arts (A.A.) Degree in Dental Hygiene,
- Masters or Doctoral Degree in Psychology,
- Masters Degree in Clinical Social Work,
- Masters Degree in Professional Counseling.

### **No Conflicting Obligations**

Applicants who are already obligated to a Federal, State, or other entity for professional practice or service after academic training (such as the National Health Service Corps), with the exception of the National Guard or Military Reserves, are not eligible for PRIMO Student Loans.

## Application Process for New PRIMO Applicants

In order to be eligible for PRIMO Student Loans the following documentation must be post-marked via hard copy by DHSS between January 1 and midnight, June 30 of every calendar year.

### Completed Application

Please be advised all applications must be completed and post-marked before midnight, June 30 of each calendar year. Incomplete applications will not be processed and the applicant will not be considered for funding through PRIMO. The application can be viewed on pages 30 and 31 in this document or can be downloaded from website at:

<http://health.mo.gov/living/families/primarycare/primo/index.php>.

### Submission of Supporting Documentation

All supporting documentation must be submitted via hard copy and post-marked before midnight, June 30 of each calendar year. Supporting documentation includes the following items:

- Proof of Missouri residency. All new and previous applicants **must** include proof of Missouri residency. A copy of one of the following examples will suffice: Current Missouri Drivers License, Current State of Missouri Identification Card, or current Missouri Voter's Registration. Incomplete applications are not reviewed.
- New and previous applicants are encouraged to include a copy of their last semester's grade point average.
- New applicants: May enclose a narrative and/or documentation explaining extenuating circumstances regarding financial situation.
- New applicants **may** submit a biographical statement. Biographical statements can include the following:
  - Why do you want to be a PRIMO Scholar?
  - Student or work experience with medically underserved populations (examples: community health centers, public health departments, community/volunteer service, shadowing, etc.). Statement should include:
    - Location
    - Start and end dates for each experience
    - Number of hours spent on each experience
    - Brief description of the experience
    - Knowledge, skills, or abilities gained from the experience.
    - What are your long-term professional plans after fulfilling your PRIMO obligation?
- All PRIMO AHEC Career Enhancement Scholars (ACES) and ACES+ participants must submit a Letter of Recommendation from their Regional AHEC Office. Page 28 and 29 of this document, provides a listing of the regional offices.

## **Selection Criteria and Funding Priorities for New PRIMO Applicants**

The PRIMO Student Loan Program is very competitive. Due to the competitiveness of the PRIMO Student Loan Program, students are advised to apply for other funding sources. This section describes the factors that are considered in approving applications for participation in the PRIMO Student Loan Program.

### **Selection Criteria**

The PRIMO Student Loan Program considers all correctly submitted applications with supporting documentation that demonstrate a commitment to serve and express a strong interest in providing primary medical, dental, or behavioral health care to the medically underserved in DHSS-approved areas of defined need in Missouri. Please remember not all completed applications with supporting documentation will receive a student loan.

### **Funding Priorities and Preferences**

Applicants who demonstrate a high potential for providing primary medical, dental, or behavioral health care services to the medically underserved in areas of defined need in Missouri are competitively evaluated. The following priorities and preferences (listed in no particular order) are applied:

- Priority and preference is given to previously participating PRIMO Student Loan recipients (PRIMO Scholars) and applicants with a history of participating in PRIMO encouraged programs, such as the PRIMO ACES/ACES + Program.
- Priority and preference is given to minority students of underrepresented ethnic/racial groups. Underrepresented means racial and ethnic populations that are under-represented in the designated health profession discipline relative to the number of individuals who are members of the population involved.
- Priority and preference is given to students from DHSS-approved areas of defined need or with a desire to provide health professional services in such areas of need.

### **PRIMO Scholar Interviews**

PRIMO Scholar Interviews may be conducted by DHSS. PRIMO applicants are given details on location and date of interviews as they are scheduled.



## **Notification of Selection of New PRIMO Scholars**

Individuals selected for PRIMO Student Loans are notified via letter and contract as early as September of each calendar year. If the individual does not respond to the PRIMO Student Loan Program by the deadline, the contract offer may be rescinded and offered to an alternate individual.

Before signing a PRIMO Contract (Exhibit 2 on pages 32 and 33) applicants should review the entire Policies and Procedures Manual and the contract to ensure a complete understanding of the obligation to serve full-time in a DHSS-approved area of defined need, and the financial consequences of failing to fulfill that obligation.

### **Notification of Alternate Status**

Individuals selected as alternates are notified via letter and contract as early as possible following program's knowledge of availability of alternate funds.

### **Notification of Non-Selection**

Individuals whose applications did not fall within the competitive range to be considered by the PRIMO Student Loan Program or alternate are notified no later than October of each calendar year.

## **PRIMO Student Loan Financial Information**

### **Method of Payment**

Direct Deposit is mandatory. All PRIMO Student Loan payments are paid directly to the student's financial institution through direct deposit. The Vendor Input ACH/EFT Application will be included with the letter and contract. These forms will be sent on a yearly basis with the contract to update any pertinent information and must be returned with the contract. **It is vital addresses on the Vendor Input Form and contract match. If they are incorrect, notify the program immediately so as not to delay payments any longer than necessary. It is the PRIMO Scholar's responsibility to update the PRIMO program with any address changes.**

### **Taxation of PRIMO Student Loans**

PRIMO does not withhold taxes from loan payments; therefore, tax reporting documents will not be issued to participants or to the Internal Revenue Service (IRS). Since the laws for federal and state income taxes vary from year to year, please consult your tax preparer or tax advisor to verify the taxability of PRIMO Student Loans.

### **Interest on PRIMO Student Loans**

Interest accrues at the rate of 9.5% per year from the date of loan disbursement.

## **Maximum Loan Amounts**

### **Primary Medical Health Care**

- Undergraduate pre-medical students are eligible for a maximum of four (4) loans, up to \$5,000 per academic year.
- Medical school (Allopathic and Osteopathic) students are eligible for a maximum of four (4) loans, based on the amount of tuition, not to exceed \$20,000 per academic year.
  - Students in six (6) year medical programs may receive \$10,000 annually for the first 2 academic years and \$20,000 annually for the remaining 4 academic years.
- Primary medical health care residents are eligible for a maximum of three (3) loans, up to \$10,000 per academic year. Provided the residency is within the state of Missouri. Out-of-State residency programs are not eligible for PRIMO Student Loans.

### **Primary Dental Health Care**

- Undergraduate pre-dental students are eligible for a maximum of four (4) loans, up to \$5,000 per academic year.
- Undergraduate dental hygiene students are eligible for a maximum of four (4) loans, up to \$5,000 per academic year.
- Primary dental health care students are eligible for a maximum of four (4) loans, based on the amount of tuition, not to exceed \$20,000 per academic year.

### **Primary Behavioral Health Care**

- Psychiatry students meet the qualifications for physicians. (Please see above maximum loan amounts for “Primary Medical Health Care”).
- Graduate psychology students are eligible for a maximum of two (2) loans, based on the amount of tuition, not to exceed \$20,000 per academic year.
- Graduate clinical social work students are eligible for a maximum of two (2) loans, up to \$5,000 per academic year.
- Graduate professional counseling students are eligible for a maximum of two (2) loans, up to \$5,000 per academic year.

## **Re-Application Process and Expectations for PRIMO Scholars**

For current PRIMO Scholars, in order to re-apply for continued PRIMO Student Loan support while in school/professional training, PRIMO Scholars are expected to comply with the following criteria on a yearly basis. Failure to comply and fulfill the below expectations each year may disqualify the PRIMO Scholar from receiving future PRIMO Student Loan support.

On a yearly basis, **all** PRIMO Scholars are to:

1. Submit a complete PRIMO contract renewal packet to DHSS no later than May 31 or contact the PRIMO program by May 31 to explain why the date cannot be met and to request an extension. These contract renewal packets will be mailed to you, around the second week of April.
2. Contact their regional AHEC Office, if they participate in an AHEC program, to discuss career goal intentions and determine what participation involvement is expected. A list of all MAHEC regional and program offices can be viewed on pages 28 & 29.
3. Anyone who does not wish to accept the contract **must** write “void” across the contract and return the voided contract along with a completed Health Professional Loan Recipient Survey.
4. If not all of the forms included with the contract renewal packet are returned timely or complete, this will potentially cause a delay in the payment.

### **PRIMO Scholar Expectations**

The PRIMO program has certain expectations of PRIMO Scholars:

1. Any changes in educational plans, program completion, employment addresses after graduation (physical and email), employment status, or change in employment, must be relayed to the PRIMO program **immediately**.
2. Maintain an acceptable grade point average in order to remain in school, and adequately progress towards completion of a degree/training program.
3. Return Health Professional Loan Recipient Surveys as requested.
4. Respond to PRIMO program by dates indicated when there are any requests for additional information.
5. Approximately six months to one year prior to graduation, contact a representative of the Missouri PRIMO Placement Services Program to discuss placement needs and opportunities. The Missouri Primary Care Association maintains a listing of placement opportunities which meet PRIMO employment qualifications.
6. Contact the PRIMO program regarding questions to verify whether prospective employment qualifies for forgiveness.
7. Within six months after graduation, you will begin work in a DHSS-approved area of need one year for every loan received in order to have the loan(s) forgiven. For those who received five or more loans, the maximum number of years of employment for full forgiveness is five years.
8. Failure to find qualifying employment (either in DHSS-approved area of need in or in the health professional discipline for which the loan was provided), maintain qualifying employment for the entire forgiveness obligation time period, or failure to return

requested Health Professional Loan Recipient Surveys, will result in being placed into cash repayment/default status.

9. You understand interest on the PRIMO loan accrues from the time of payment(s) at 9.5%.
10. For those PRIMO Scholars who will have contracted employment, you will provide the PRIMO program a copy of the entire employment contract. Contract should provide the official start date of employment and the exact location of employment.
11. For those PRIMO Scholars who will have three or more years of residency, if any of the residency is out of state, you understand you will not receive PRIMO funds. In addition, you will notify the PRIMO program of your new out of state address as well as your Missouri address once you return. If you fail to return to Missouri for employment following residency, you will be placed into cash repayment status.

## **Fulfilling the PRIMO Student Loan Obligation**

PRIMO Scholars incur one (1) year of obligation for each year they receive PRIMO Student Loan support, with a minimum one (1)-year and a maximum five (5)-year obligation. PRIMO Scholars are obligated to provide full-time clinical primary medical, dental, or behavioral health care services in a DHSS-approved area of defined need in Missouri. Obligation should begin no later than six (6) months following the completion date of training.

Prior to completion of training all PRIMO Scholars must consult a representative of the Missouri PRIMO Placement Services Program regarding available opportunities in Missouri. Please contact the PRIMO Student Loan Program for further information and details as to how to contact a representative of the Missouri PRIMO Placement Services Program.

PRIMO Scholars who obtain employment in a Health Professional Shortage Area, or in a DHSS approved area, in their health care field are considered to be in Forgiveness status. A PRIMO Scholar who completes all the required number of years of health professional service, and submits the appropriate documentation, is considered Paid in Full-Forgiveness.

### **Full-Time**

Every PRIMO Scholar is required to engage in the full-time clinical practice of the profession for which he or she was awarded PRIMO Student Loan support.

A full-time clinical practice is defined as a minimum of 30 hours per week. The 30 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in 'on-call' status will not count toward the 30-hour week.

### **Full-Time Clinical Practice**

A full-time outpatient clinical practice for each PRIMO Student Loan discipline is defined below.

### **Primary Medical Health Care Services**

For all primary medical health care physicians, at least 30 hours per week must be spent providing direct outpatient care. These services will be conducted during normally scheduled clinic hours in an outpatient care setting. The remaining hours must be spent providing inpatient care to patients of that clinic (as necessary to meet the needs of the patients and to assure continuity of care) and/or in practice-related administrative activities.

Please note: Work settings and schedules in state and federal facilities may be significantly different than community-based systems of care. PRIMO Scholars interested in practicing at state and federal facilities need to discuss the details with DHSS.

### **Primary Dental Health Care Services**

For all primary dental health care professionals (dentists and dental hygienist) at least 30 hours per week must be spent providing direct outpatient care. These services will be conducted during normally scheduled clinic hours in an outpatient care setting.

Please note: Work settings and schedules in state and federal facilities may be significantly different than community-based systems of care. PRIMO Scholars interested in practicing at state and federal facilities need to discuss the details with DHSS.

### **Primary Behavioral Health Care Services**

For all primary behavioral health care professionals (psychologists, psychiatrists, licensed clinical social workers, and licensed professional counselors) at least 30 hours per week must be spent providing direct outpatient care. These services will be conducted during normally scheduled clinic hours in an outpatient care setting.

Please note: Work settings and schedules in state and federal facilities may be significantly different than community-based systems of care. PRIMO Scholars interested in practicing at state and federal facilities need to discuss the details with DHSS.

### **Forgiveness**

To earn forgiveness, full-time employment must begin within 6 months of the end of the degree/residency program. The exact start date of any obligation period is dependent upon the PRIMO scholar's program completion date and employment start date. PRIMO Scholars repay their obligation by working in a DHSS-approved area of defined need. PRIMO Scholars may select where to work as long as it meets the PRIMO Student Loan qualifications and expectations.

The number of PRIMO Student Loans received determines the number of years needed to repay the obligation through forgiveness. Forgiveness of PRIMO Student Loan funding for less than five years is on a year-for-loan basis. For instance, if a PRIMO Scholar accepts three (3) loans, then the obligation period is three (3) years. For PRIMO Scholars receiving funding for five (5) years or more, forgiveness is earned at the rate of 20% per year (5 years). PRIMO Scholars must work full-time in order to earn forgiveness. Full-time is defined as providing primary medical, dental, or behavioral health care services (direct patient care) in an outpatient setting a minimum of 30 hours per week at a DHSS-approved defined area of need.

### **PRIMO Scholar Pre-Employment Process**

Prior to completion of professional training and accepting an offer of employment all PRIMO Scholars should contact DHSS PRIMO staff to clarify the potential employment will meet the criteria for earning forgiveness of student loans. PRIMO Scholars are encouraged to contact the Missouri Primary Care Association to determine if there are placement opportunities available during the final year of education/residency.

Prior to a PRIMO Scholar being placed into forgiveness, the PRIMO program must have a copy of an employment contract, if applicable, which explicitly states the beginning date of employment and exact location where the services will be performed. For PRIMO Scholars who

do not establish contracts, the Health Professional Loan Recipient Survey Form will be utilized to determine forgiveness.

**Forgiveness: Primary Medical Health Care**

Effective 2007: PRIMO Scholars who receive their first student loans in 2007 and later **must** comply with the following in order to earn forgiveness of their PRIMO Student Loans:

1. Work full-time in a DHSS-approved area of defined need to earn forgiveness for their loans;
2. Utilize and publicly post a sliding-fee schedule in their practice. Please see Exhibit 3 beginning on page 34 for further information regarding how to develop a sliding-fee schedule;
3. Accept Medicaid (MO HealthNet) and MC+ patients in their practice; and
4. Submit annually an aggregate payer source report that demonstrates they serve medically underserved populations.

**Forgiveness: Primary Dental Health Care**

Primary Dental Health PRIMO scholars **must** comply with the following in order to earn forgiveness of their PRIMO Student Loans:

1. Work full-time in a DHSS-approved area of defined need to earn forgiveness for their loans;
2. Utilize and publicly post a sliding-fee schedule in their practice. Please see Exhibit 3 beginning on page 34 for further information regarding how to develop a sliding-fee schedule;
3. Accept Medicaid (MO HealthNet) and MC+ patients in their practice; and
4. Submit annually an aggregate payer source report that demonstrates they serve medically underserved populations.

**Forgiveness: Primary Behavioral Health Care**

Primary Behavioral Health Care PRIMO scholars **must** comply with the following in order to earn forgiveness of their PRIMO Student Loans:

1. Work full-time in a DHSS-approved area of defined need to earn forgiveness for their loans;
2. Utilize and publicly post a sliding-fee schedule in their practice. Please see Exhibit 3 beginning on page 34 for further information regarding how to develop a sliding-fee schedule;
3. Accept Medicaid (MO HealthNet) and MC+ patients in their practice; and
4. Submit annually an aggregate payer source report that demonstrates they serve medically underserved populations.



### **Verifying Forgiveness Compliance**

Every PRIMO Scholar in Forgiveness must complete and submit a Health Professional Loan Recipient Survey Form (Exhibit 4 on page 43) for each six months of service. The form, which is signed by the PRIMO Scholar and the PRIMO Scholar's supervisor, will verify the compliance/non-compliance with the full-time outpatient clinical practice requirements during that six-month period. Failure to submit six month verification forms may jeopardize PRIMO Scholars from being granted forgiveness of their obligation.

Please note: PRIMO Scholars are eligible for repayment of outstanding educational debt through the State of Missouri Health Professional Loan Repayment Program and the National Health Service Corp (NHSC) Loan Repayment Program **after** they have completed their PRIMO Student Loan obligation.

## **PRIMO Student Loan Deferment**

Deferment is the temporary postponement of fulfilling the PRIMO Student Loan Program obligation due to extenuating circumstances. Upon **written** request from the PRIMO Scholar, DHSS may grant a deferral of repayment of principal and interest when the deferral is determined to be in the best interest of the PRIMO Student Loan Program and the state of Missouri.

### **Requests for Deferment**

All requests for deferral must be submitted in writing and include the reason for requesting the deferral and the time period being requested. When necessary include full medical and financial documentation. DHSS reviews all deferral requests on a case by case basis. Written requests can be submitted to DHSS, Office of Primary Care and Rural Health, P O Box 570, Jefferson City, MO 65102.

### **Approval of Deferment**

All requests for deferral are approved by DHSS on a case-by-case basis. Deferments will not be approved for non-primary health care programs (e.g. emergency medicine, surgery, radiology, neurology, anesthesiology, oral surgery, endodontic, etc.) or programs which the PRIMO Student Loan Program determines are not consistent with the needs of PRIMO to enhance access to primary medical, dental, or behavioral health care services in DHSS-approved areas of defined need in Missouri. Please see “Defaulting on PRIMO Student Loan Obligation” for further detail.

PRIMO Scholars who are unsure about their future specialty interests, or officially change to a non-covered discipline, or who are unable to commit themselves to primary care specialties are advised not to continue participating in the PRIMO Student Loan Program and formally establish a repayment plan.

### **Verifying Deferment Compliance**

Every PRIMO Scholar in Deferment must submit Health Professional Loan Recipient Survey once every six months to verify compliance of their deferral. Return of the form is mandatory to maintain deferral status. If the survey form is not received DHSS will place the Scholar into cash repayment status.

### **Out-Of-State Residency Programs**

Upon written request from the PRIMO Scholar, DHSS will grant a deferment to complete out-of-state post-degree advanced training (including an internship or residency) if the PRIMO Student Loan Program determines the training is consistent with the needs of PRIMO to enhance access to primary health care services in areas of defined need in Missouri. During out-of-state residency training, PRIMO Scholars do not receive PRIMO support.

## **Defaulting On PRIMO Student Loan Obligation**

### **Failure to Complete Academic Training**

PRIMO Scholars who are dismissed from school for academic or disciplinary reasons, or who voluntarily terminate academic training before graduation from the educational program for which PRIMO Student Loan support was awarded, will be declared in default of their PRIMO Student Loan commitment and held liable to the State of Missouri for repayment of all PRIMO Student Loan funds paid plus interest. All funds received by PRIMO Scholars accrue interest at the rate of 9.5% annually. Cash Repayment begins the first day of the calendar month following the month the PRIMO Scholar is found to be in default. For instance, if a PRIMO Scholar is found to be in default during the month of July, Cash Repayment would begin in the month of August. Cash Repayment periods are a maximum of 60 months (5 years) unless otherwise approved by DHSS.

### **Failure to Complete Obligation or Failure to Meet Terms of Deferment**

PRIMO Scholars who, for any reason, fail to complete their obligation or meet the terms of deferment will be declared in default of their PRIMO Student Loan. When PRIMO Scholars default on their obligation, they are held liable to the State of Missouri for repayment of PRIMO funds paid plus interest. All funds received by PRIMO Scholars accrue interest at the rate of 9.5%. Cash Repayment begins the first day of the calendar month following the month the PRIMO Scholar is found to be in default. For instance, if a PRIMO Scholar is found to be in default during the month of July, Cash Repayment would begin in the month of August. Cash Repayment periods are a maximum of 60 months (5 years).

### **Default Debt**

If the default debt is not paid within 60 months (5 years), and subsequent collections are unsuccessful, the PRIMO Scholar will be referred to DHSS Office of General Counsel and the Missouri Attorney General's Office for enforced collection. Recovery through Wage Garnishment may be enforced to repay the default debt. The State of Missouri may also offset State Income Tax refunds and apply those payments to repay the default debt.

### **Waiver or Cancellation of PRIMO Obligation**

In the unfortunate event of a PRIMO Scholar's death, any obligation is cancelled.

## Changing Jobs

The PRIMO Student Loan Contract does not specify a particular employer. Once qualifying employment is established, it is the PRIMO Scholar's responsibility to notify DHSS of any potential changes of employment. Transfer of Forgiveness to another employment site must be approved by DHSS in advance and will only be granted in limited circumstances. Should PRIMO Scholars be unable to fulfill their obligation with the approved employer, they must notify DHSS **immediately**, in writing and/or via telephone. PRIMO Scholars should not leave their employer without the prior written approval of DHSS. If the PRIMO Scholar leaves their employer without advance approval from DHSS he or she may be placed in default. DHSS must have the ending date of employment with any qualifying employer on the former employer's letterhead or via a Health Professional Loan Recipient Survey Form. Without this information, DHSS may restart the forgiveness of a PRIMO Scholar based on the start date of employment with a new qualifying employer. **It is the PRIMO Scholar's responsibility to keep DHSS current on any employment changes.** PRIMO Scholars may utilize the Health Professional Loan Recipient Survey Form as a tool to notify DHSS.

Qualifying employment assistance is available for PRIMO Scholars through Missouri PRIMO Placement Services (MHPPS). Please contact the Missouri Primary Care Association for further information regarding MHPPS.

## PRIMO Glossary Terms

<b>ACES (AHEC Career Enhancement Scholars)</b>	ACES is coordinated through regional AHEC offices and provides academic enrichment and health exploration activities as well as local professional shadowing opportunities. This program begins with <u>students in grades 9-12</u> who display a strong interest in pursuing a career in primary care. Participation is not mandatory to participate in PRIMO.
<b>ACES + (AHEC Career Enhancement Scholars Plus)</b>	ACES + is a resource coordinated through regional AHEC offices and is a second stage of programming and career preparation for <u>undergraduate college students</u> who are pursuing a career in primary care. The program is focused on students interested in and capable of succeeding in the increasingly competitive health professions environment. Participation is not mandatory to participate in PRIMO.
<b>AHEC (Area Health Education Center)</b>	AHECs enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of health professionals throughout the entire state by creating partnerships, amplifying resources, and helping to educate communities on the need to proactively recruit, train, and retain healthcare personnel.
<b>Approved Area of Defined Need</b>	A DHSS-approved area of defined need is a geographic area, facility, or a population group which has been determined by DHSS as experiencing a shortage of primary medical, dental, or mental health care providers or has inadequate access to health care providers. This includes those areas designated as Health Professional Shortage Areas (HPSA).
<b>Cancellation/Waiver</b>	In the unfortunate event of a PRIMO Scholar's death, any obligation is cancelled.
<b>Cash Repayment</b>	PRIMO Scholars, who for any reason, fail to complete their obligation, return requested documents, find non-qualifying employment, etc must repay their PRIMO Student Loan monetarily. PRIMO Scholars are held liable to the State of Missouri for repayment of PRIMO funds paid plus interest. All loans received

accrue simple interest at the rate of 9.5%. Cash Repayment begins the first day of the calendar month following the month the PRIMO Scholar is found to be in default. Cash Repayment periods are a maximum of 60 months (5 years).

<b>Default</b>	PRIMO Scholars who for any reason, fail to complete their obligation in part or in full through Forgiveness or Cash Repayment, are declared in default of their PRIMO Student Loan. If the default debt is not paid within 60 months (5 years), and subsequent collections are unsuccessful, the PRIMO Scholar may be referred to DHSS Office of General Counsel and the Missouri Attorney General's Office for enforced collection. Recovery through Wage Garnishment may be enforced to repay the default debt. The State of Missouri may also offset State Income Tax refunds and apply those payments to repay the default debt.
<b>Deferment</b>	Deferment is the temporary postponement of fulfilling the PRIMO Student Loan obligation due to extenuating circumstances. All requests for a deferral will be reviewed and approved by DHSS on a case-by-case basis.
<b>Dental Hygienist</b>	A dental hygienist is a licensed <u>dental professional</u> who specializes in preventive dental care, typically, but not limited to, focusing on techniques in <u>oral hygiene</u> . Missouri dental regulations determine the duties hygienists are able to perform.
<b>Dentists</b>	Doctor of Dental Surgery (D.D.S.) is an academic degree offered in the United States. It is a graduate-level professional degree for dentists. D.D.S.s are trained in dentistry techniques. Licensing is required to practice as a D.D.S. in the state of Missouri. Licensure requires passing written and practical examinations in addition to having a degree from an accredited dental school.
<b>DHSS</b>	Missouri Department of Health and Senior Services
<b>Doctor of Allopathic Medicine</b>	Doctor of Allopathic Medicine (M.D.) is an <u>academic degree</u> offered in the United States. It is a <u>graduate-level first professional degree</u> for <u>physicians</u> . Holders of the M.D. degree are known as allopathic medical

physicians. M.D.s are trained in allopathic medicine techniques. Licensing is required to practice as a M.D. in the state of Missouri. Licensure requires passing written and practical examinations in addition to having a degree from an accredited allopathic medical school.

**Doctor of Osteopathic Medicine**

Doctor of Osteopathic Medicine (D.O.) is an academic degree offered in the United States. It is a graduate-level first professional degree for physicians. Holders of the D.O. degree are known as osteopathic medical physicians. D.O.s are trained in osteopathic manipulative medicine techniques. Licensing is required to practice as a D.O. in the state of Missouri. Licensure requires passing written and practical examinations in addition to having a degree from an accredited osteopathic medical school.

**Facilities (State and Federal)**

State and Federal facilities may include public health centers, hospitals, Veterans Administration facilities or correctional institutions.

**Forgiveness**

PRIMO Scholars who gain qualifying employment in a DHSS approved area or Health Professional Shortage Area (HPSA) is considered to be in Forgiveness status for the PRIMO loan(s) received and working toward fulfillment of contract obligation.

**FQHC**

Federally Qualified Health Centers are local, non-profit community-owned health care providers. They provide high-quality, affordable primary care and preventive services to all persons, regardless of income or insurance status. They bill Medicare, Medicaid, Commercial / Private Insurers, and provide a sliding fee scale. FQHCs are located in or serve federally-designated, medically-underserved areas and/or populations. All FQHCs operate under a consumer Board of Directors.

**Full-Time**

A full-time clinical practice is defined as a minimum of 30 hours per week. The 30 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in 'on-call' status will not count toward the 30-hour week.

<b>Health Professional Loan Recipient Survey</b>	PRIMO Scholars shall submit to the department verification of their school, residency or employment status, current address, anticipated completion date, and preferred practice site. The survey form is the tool utilized by DHSS to determine compliance with PRIMO.
<b>HPSA</b>	Health Professional Shortage Areas are designated by the U.S. Department of Health and Human Services Health Resources Service Administration as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).
<b>ICP</b>	Individual Career Plans are created for all ACES and ACES+ participants to assure the necessary health professional academic goals are achieved.
<b>Licensed Clinical Social Worker</b>	A bachelor's degree in social work is the minimum requirement for entry into the occupation however; an advanced degree has become the standard for many positions. A master's degree in social work (MSW) is typically required for positions in health settings and is required for clinical work as well. Missouri has licensing, certification, or registration requirements regarding social work practice and the use of the professional title. Missouri requires two years (3,000 hours) of supervised clinical experience for licensure of clinical social workers.
<b>Licensed Professional Counselor</b>	Missouri Licensed Professional Counselors have earned either a Master's or Doctorate degree in counseling, marriage and family therapy, psychology or related discipline according to the requirements of Missouri state statutes. They have passed a national licensing examination as well as completed a minimum of two years supervised experience, consisting of 3,000 hours of clinical counseling experience including 200 supervised hours. LPCs are qualified and licensed to work with individuals, couples and/or families in counseling, including administering and profiling psychological, personality,



and family assessments within the boundaries of his/her competence, based upon education, training, and experience.

**MHPPS**

Missouri PRIMO Professional Placement Services is collaboration between the Missouri Primary Care Association and the Missouri Department of Health and Senior Services. MHPPS recruits providers in all specialties of medicine, oral health and mental health for Missouri. Rural and urban healthcare facilities located in Health Professions Shortage Areas (HPSAs) are also eligible for recruitment services. MHPPS includes maintaining a database of providers interested in practicing in Missouri. MHPPS works with healthcare facilities, communities, private practices, community health centers, etc., and identify provider interests with available practice opportunities.

**MPCA**

Missouri Primary Care Association is a nonprofit corporation founded in November 1984 as an alliance of Community and Migrant Health Centers. MPCA functions as an advocacy voice for the medically indigent, and explores and implements activities aimed at providing and promoting high quality, accessible, and personalized health care services to urban and rural populations (regardless of ability to pay) in the state of Missouri.

**NHSC**

National Health Service Corps is part of the Federal Department of Health and Human Services' Health Resources and Services Administration (HRSA). The NHSC is committed to improving the health of the Nation's underserved. NHSC coordinates the NHSC Scholars Program and the NHSC Loan Repayment Program. If interested in these programs, contact HRSA.

**Obligation**

PRIMO Scholars incur one (1) year of obligation for each year they receive PRIMO Student Loan support, with a minimum one (1)-year obligation and a maximum five (5)-year commitment. PRIMO Scholars are obligated to provide full-time clinical primary medical, dental, or mental health care services in a DHSS-approved area of defined need in Missouri. Obligation should begin no later than six (6)

months following the completion date of training.

<b>Outpatient Clinical Practice</b>	Outpatient clinical practices are defined for each PRIMO Student Loan discipline. Please see definitions for Primary Behavioral Health Care, Primary Dental Health Care, and Primary Medical Health Care.
<b>Primary Behavioral Health Care</b>	Primary Mental Health Care Services are defined as the actual hands-on provision of direct outpatient based primary mental health care services by a licensed psychiatrist, psychologist, licensed clinical social worker, or licensed professional counselor. These services must be conducted during normally scheduled clinic hours in an outpatient care setting. However, work schedules in state and federal facilities may be significantly different than community-based systems of care. PRIMO Scholars interested in practicing at state and federal facilities need to discuss the details with DHSS.
<b>Primary Dental Health Care</b>	Primary Dental Health Care Services are defined as the actual hands-on provision of direct outpatient based primary dental and preventive health care services by a licensed general dentist or dental hygienist. These services must be conducted during normally-scheduled clinic hours in an outpatient care setting.
<b>Primary Medical Health Care</b>	Primary Medical Health Care Services are defined as the actual hands-on provision of direct outpatient-based primary and preventive health care services by a licensed physician specializing in family practice, general practice, general internal medicine, general obstetrics/gynecology, or general pediatrics. These services must be conducted during normally scheduled clinic hours in an outpatient care setting.
<b>PRIMO</b>	Primary Care Resource Initiative for Missouri was designed as coordinated incentives to increase the number of primary medical, dental, and mental health care professionals and health care delivery systems in areas of need within the state. PRIMO has developed a pipeline approach that addresses the needs of students from high school through graduate school, and addresses the needs of communities to

	build clinics and services.
<b>PRIMO Scholar</b>	Participants of the PRIMO Student Loan Program are referred to as PRIMO Scholars.
<b>Psychiatrist</b>	Psychiatrists are trained in the medical, psychological, and social components of mental, emotional, and behavioral disorders. They order diagnostic tests, prescribe medications, practice psychotherapy, and help patients and their families cope with stress and crises. Psychiatrists often consult with primary care physicians and psychotherapists, such as psychologists and social workers. A psychiatrist must have an M.D. or D.O. degree from an accredited school of medicine or osteopathy (or international equivalent) and must complete at least 4 years of accredited residency training, including a minimum of 3 years in psychiatry.
<b>Psychologist</b>	A psychologist is a practitioner of <u>psychology</u> . The two major categories of psychologists are those who conduct scientific research and those who work in an applied psychology area. Doctoral level trained psychologists are also experts in the administration and interpretation of psychological tests and assessment. Licensing is required to practice as a psychologist in the state of Missouri. Licensure requires passing written and practical examinations in addition to having a degree from an accredited school.
<b>Sliding-Fee Schedule</b>	Sliding fee schedules are locally-derived mechanisms (discounts) to address how to equitably charge patients for services rendered. The mechanism must be in writing. Fees are set based on federal poverty guidelines; patient eligibility is determined by annual income and family size. Schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied, on a routine basis.
<b>Vendor ACH/EFT Input Form</b>	PRIMO Scholars must complete the Vendor ACH/EFT Input Form to be established as a recipient of state funds.

## **PRIMO Contact Information**

### **PRIMO Program**

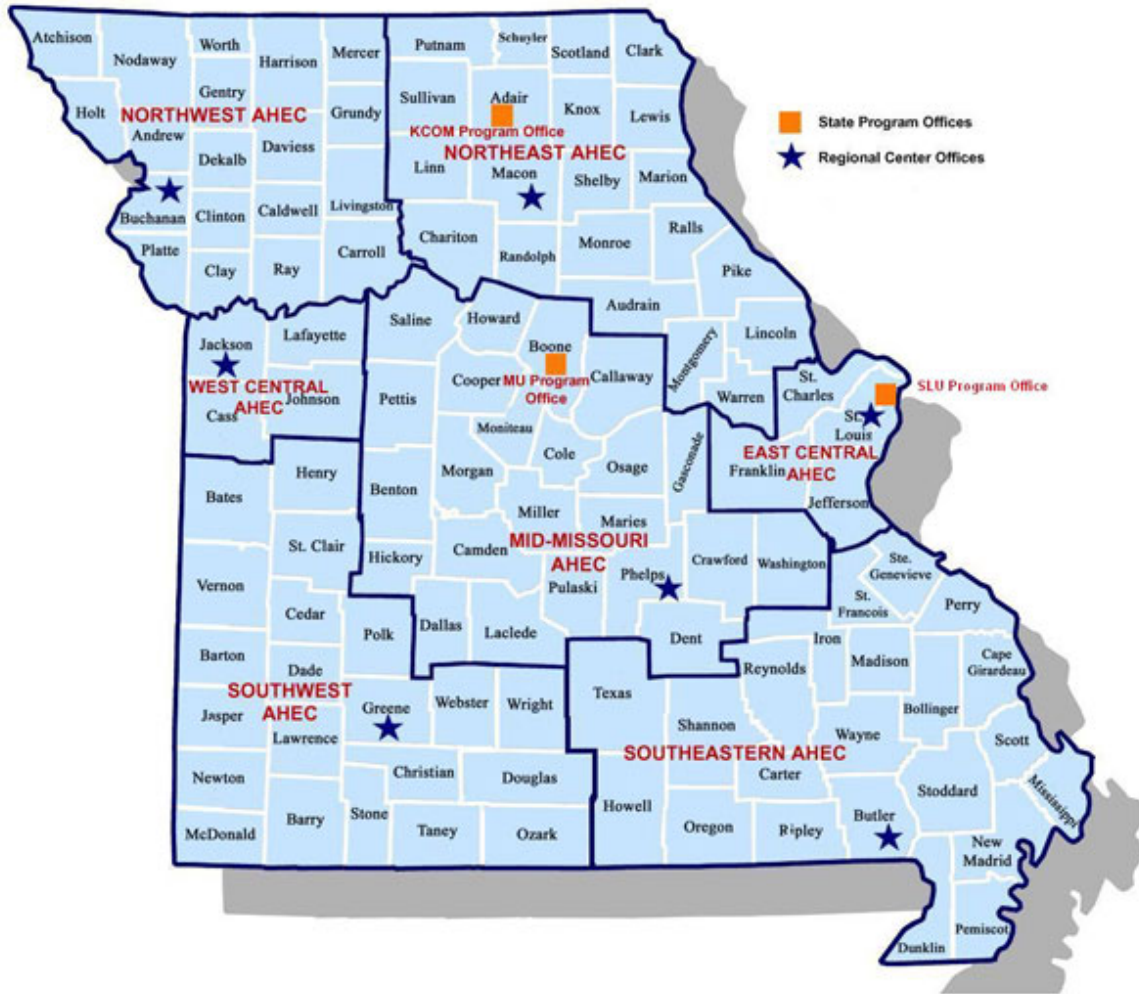
Missouri Department of Health and Senior Services  
Office of Primary Care and Rural Health  
L. Gail Ponder  
912 Wildwood Drive  
Jefferson City MO 65109  
Phone: 800-891-7415  
Fax: 573-522-8146  
Email: [Gail.Ponder@health.mo.gov](mailto:Gail.Ponder@health.mo.gov)

### **Missouri PRIMO Professional Placement Services**

Missouri Primary Care Association  
Joni Adamson  
3325 Emerald Lane  
Jefferson City MO 65109  
Phone: 573-636-4222  
Fax: 573-636-4585  
Email: [JAdamson@mo-pca.org](mailto:JAdamson@mo-pca.org)

## AHEC Contact Information

### Area Health Education Centers



#### East Central Missouri AHEC

3033 North Euclid Ave., Bldg. #3  
 St. Louis, MO 63118  
 Phone: (314) 772-9979  
 Fax: (314) 772-9982  
 Email: [abrown@ecmoahec.org](mailto:abrown@ecmoahec.org)  
 Web: [www.ecmoahec.org](http://www.ecmoahec.org)

#### Northeast Missouri AHEC

115 N. Rubey St.  
 Macon, MO 63552  
 Phone: (660) 385-6491  
 Fax: (660) 385-6493

#### Mid-Missouri AHEC

1110 West 11th Street  
 Rolla, MO 65401  
 Phone: (573) 364-4797  
 Fax: (573) 364-8972  
 Email: [jshiple@rollanet.org](mailto:jshiple@rollanet.org)  
 Web: [www.midmoahec.org](http://www.midmoahec.org)

#### Northwest Missouri AHEC

5325 Faraon St.  
 St. Joseph, MO 64506  
 Phone: (816) 271-7146  
 Fax: (816) 271-6786

Email: [mmollick@nemoahec.org](mailto:mmollick@nemoahec.org)  
Web: [www.nemoahec.org](http://www.nemoahec.org)

Email: [Paula.overfelt@heartland-health.com](mailto:Paula.overfelt@heartland-health.com)  
Web: [www.nwmoahec.org](http://www.nwmoahec.org)

<p><b><u>Southeast Missouri AHEC</u></b> 2725 N. Westwood Blvd., Suite 16 Poplar Bluff, MO 63901 Phone: (573) 785-2444 Fax: (573) 785-5568 Email: <a href="mailto:sherrih@ims-1.com">sherrih@ims-1.com</a> Web: <a href="http://www.semoahec.org">www.semoahec.org</a></p>	<p><b><u>Southwest Missouri AHEC</u></b> 901 S. National Ave. Springfield, MO 65897 Phone: (417) 836-8348 Fax: (417) 836-8770 Email: <a href="mailto:reginabowling@missouristate.edu">reginabowling@missouristate.edu</a> Web: <a href="http://ahec.missouristate.edu">ahec.missouristate.edu</a></p>
<p><b><u>West Central Missouri AHEC</u></b> c/o LINC 3100 Broadway, Suite 1100 Kansas City, MO 64111 Phone: (816) 889-5055 x1308 Fax: (816) 889-5051 Email: <a href="mailto:staylor@kclinc.org">staylor@kclinc.org</a> Web: <a href="http://www.wcmoahec.org">www.wcmoahec.org</a></p>	

## **Exhibit 1: Sample Student Loan Application**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
HEALTH PROFESSIONAL STUDENT LOAN PROGRAMS  
P.O. BOX 570, JEFFERSON CITY, MO 65102

ALL INFORMATION IS CONFIDENTIAL  
AND FOR PROGRAM PURPOSES ONLY.

PAGE 1 OF 2

**HEALTH PROFESSIONAL STUDENT LOAN UNIVERSAL APPLICATION**

MUST BE TYPED OR PRINTED

<b>NAME</b>				
LAST, FIRST, MIDDLE NAME		SUFFIX	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAIDEN NAME OR OTHER NAMES USED			BIRTHDATE	
<b>PROGRAM TYPE (SELECT ONE FROM NURSING OR PRIMO)</b>				
<b>HEALTH PROFESSIONAL NURSING LOAN</b>		<b>PRIMO</b>		
<input type="checkbox"/> LICENSED PRACTICAL NURSING (LPN) <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATE DEGREE (ADN) <input type="checkbox"/> BACHELOR DEGREE (BSN) <input type="checkbox"/> MASTER DEGREE (MSN) <input type="checkbox"/> ADVANCED PRACTICE NURSE (APN) <input type="checkbox"/> DOCTORAL (DNP)		<input type="checkbox"/> DENTAL HYGIENIST <input type="checkbox"/> PRE-DENTAL <input type="checkbox"/> PRE-MEDICAL <input type="checkbox"/> DENTAL SCHOOL <input type="checkbox"/> MEDICAL SCHOOL <input type="checkbox"/> RESIDENCY PROGRAM <input type="checkbox"/> PSYCHIATRIST <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR		
TYPE OF DEGREE FOR PRIMO ONLY (PLEASE CHECK) <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE				
<b>PERSONAL INFORMATION</b>				
STREET		TELEPHONE NUMBER ( )	CELL NUMBER ( )	
CITY	STATE	ZIP CODE	COUNTY	PERMANENT COUNTY
E-MAIL ADDRESS		SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NUMBER
ARE YOU A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, FOR HOW LONG? YEARS: MONTHS:		
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LEGALLY SEPARATED		NUMBER OF DEPENDENTS AND AGES		
<b>NAME AND ADDRESS OF PARENT OR NEAREST RELATIVE NOT LIVING IN YOUR HOME</b>				
NAME(S)		ADDRESS		
CITY, STATE, ZIP CODE		RELATIONSHIP	TELEPHONE ( )	
<b>ADDITIONAL INFORMATION FOR REPORTING PURPOSES (OPTIONAL)</b>				
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> JAPANESE <input type="checkbox"/> HAWAIIAN <input type="checkbox"/> OTHER PACIFIC ISLANDER <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> KOREAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> CHINESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> GUAMAN				
HISPANIC ORIGINS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPEAK SPANISH? <input type="checkbox"/> PASSABLY <input type="checkbox"/> FLUENTLY		
<b>ENROLLMENT AND TUITION INFORMATION (FOR STUDENTS ONLY)</b> This section must be completed by a financial aid officer of the educational institution.				
NAME OF EDUCATIONAL FACILITY		STREET		
CITY	STATE	ZIP CODE	COUNTY	
FINANCIAL AID OFFICER		FAX NUMBER ( )		
E-MAIL ADDRESS	TELEPHONE NUMBER ( )		PROGRAM TUITION FOR THIS ACADEMIC YEAR	
STUDENT'S CURRENT PROGRAM YEAR (FRESHMAN, SOPHOMORE, ETC.)	FAMILY INCOME		FAMILY SIZE	
START DATE OF THE ACADEMIC YEAR	END DATE OF THE ACADEMIC YEAR		ANTICIPATED GRADUATION DATE (REQUIRED)	
<b>I certify that the information in the Enrollment and Tuition Information section is complete and true to the best of my knowledge.</b>				
FINANCIAL AID OFFICER SIGNATURE				DATE



RESIDENCY TRAINING PROGRAM INFORMATION This section must be completed by the residency program director or their designee.			
PROGRAM NAME		PROGRAM TYPE	
STREET		CITY	STATE
ZIP CODE	COUNTY	TELEPHONE NUMBER ( )	FAX NUMBER ( )
RESIDENT YEAR APPLICANT IS APPLYING FOR	PROGRAM DIRECTOR OR DESIGNEE NAME	EMAIL ADDRESS	
I certify that the physician referred to in this application is participating in this institution's primary care residency program and all information contained in the Residency Training Program Information section above is complete and true to the best of my knowledge.			
RESIDENCY PROGRAM DIRECTOR OR DESIGNEE			DATE
SPONSORSHIPS			
ARE YOU A PARTICIPANT IN THE FOLLOWING LOAN PROGRAMS OFFERED BY MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES OR ANY PRIMO SUPPORTED PROGRAMS?			
Y N			
<input type="checkbox"/> <input type="checkbox"/> MISSOURI PROFESSIONAL AND PRACTICAL NURSING STUDENT LOAN PROGRAM			
<input type="checkbox"/> <input type="checkbox"/> PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI (PRIMO)			
<input type="checkbox"/> <input type="checkbox"/> PRIMO SUPPORTED HEALTH PROFESSIONAL STUDENT RECRUITMENT PROGRAM (E.G. AHEC)			
PROGRAM NAME AND YEARS OF PARTICIPATION _____			
ATTENTION: PLEASE READ BEFORE SUBMITTING APPLICATION			
<ul style="list-style-type: none"> <li>• All applications must be complete, signed, and accompanied by all required documentation. <u>Incomplete applications will not be processed.</u></li> <li>• Proof of Missouri residency is <b>REQUIRED</b>. (e.g. Copy of current Missouri drivers license, state identification card, or voter's registration).</li> <li>• All <b>PREVIOUS STUDENTS</b> must include with their application a copy of their last semester's Grade Point Average (GPA).</li> <li>• Please include documentation showing any community/employer support received. (e.g., employer is paying for your tuition in return for your employment following graduation/licensure).</li> <li>• You may attach a narrative and documentation explaining extenuating circumstances that prevent you from obtaining sufficient financial aid.</li> <li>• <b>ACES recommendation.</b></li> <li>• Please attach any other pertinent information for which there was inadequate space for inclusion on this application.</li> </ul>			
APPLICANT SIGNATURE			
I certify that the information contained in this application is true, complete and correct to the best of my knowledge.			
I do hereby authorize the release of personal, financial and academic information related to my educational status from my past or current educational institution to the Missouri Department of Health and Senior Services or its authorized agent.			
SIGNATURE			DATE
MAILING ADDRESS			
<p>PRIMARY CARE &amp; RURAL HEALTH HEALTH PROFESSIONAL INCENTIVES PROGRAM MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES PO BOX 570, JEFFERSON CITY, MO 65102-0570</p>			
<p>The Missouri Department of Health and Senior Services To be the leader in promoting, protecting and partnering for health.</p>			

## **Exhibit 2: Sample PRIMO Contract**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PRIMARY CARE AND RURAL HEALTH  
P.O. BOX 570 JEFFERSON CITY, MO 65102  
**HEALTH PROFESSIONAL STUDENT LOAN CONTRACT**

PAGE 1 OF 2

**MUST BE TYPED OR PRINTED**

<b>BORROWER'S NAME</b> (LAST, FIRST, MIDDLE INITIAL)			<input type="checkbox"/> PRIMO <input type="checkbox"/> PROFESSIONAL AND PRACTICAL NURSE
<b>ADDRESS</b> STREET			
CITY		STATE	ZIP CODE
BIRTHDATE	SOCIAL SECURITY NUMBER	FOR ACADEMIC YEAR TO	
<b>LENDING INSTITUTION</b> The Missouri Department of Health and Senior Services;			
<b>TERMS</b> I agree to pay the State of Missouri, or its authorized agent, the principal sum of _____ dollars (\$ _____), plus interest, in United States currency, upon maturity of this note.			
<b>INTEREST</b> I hereby agree to pay simple interest on the unpaid loan principal at a rate of nine and one-half (9.5) percent per annum from the issue date of the state check until the principal and accumulated interest are paid.			
<b>MATURITY</b> This note will mature when the borrower ceases to be an eligible student at a participating school or when the borrower ceases his/her training.			
<b>FORGIVENESS</b> Borrowers may earn forgiveness by engaging in full-time qualifying employment in an area of defined need in Missouri. Repayment through forgiveness will begin within six (6) months after completion of the borrower's education or primary care training. Forgiveness schedules are determined by the borrower's educational program and the number of loans the borrow has received.			
<b>ADDITIONAL AGREEMENTS</b> The borrower fully understands and agrees to the following:  1. The borrower will use the proceeds of this loan for educational and related expenses.  2. Upon request by the Department or any change in enrollment status, residency plans, practice location, type of practice, name or address the borrower will send written notice to the Department wihtin thirty (30) days.  3. The borrower is making a commitment to provide health care services, upon completion of his/her education or primary care training, in an area of defined need as determined by the Missouri Department of Health and Senior Services.  4. If the borrower's eligibility status changes (no longer a qualifying student or student in good standing) and the borrower is not providing qualifying services in an area of defined need, repayment of the loan principal and interest will begin within ninety (90) days of the date the borrower ceases to be in qualifying eligibility status. Payment in full will be complete no more than sixty (60) months from that date.			
<b>CONTINUED ON BACK</b>			

MO 580-1966 (3-12)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a nondiscriminatory basis

**ADDITIONAL AGREEMENTS, CON'T**

5. The borrower will submit to the Missouri Department of Health and Senior Services proof of his/her enrollment, program eligibility and academic standing within thirty (30) days of the Department's request and within thirty (30) days of the end of each semester or summer session.
6. Upon completion of the educational program/training and becoming licensed, should the borrower at any time choose not to provide health care services in a defined area of need, repayment of the loan principal and interest become due and owing immediately, and must be repaid within five (5) years of the breach.
7. If the borrower violates any of the provisions of this loan contract or promissory note, including notifying the Missouri Department of Health and Senior Services of changes of address, the Missouri Department of Health and Senior Services may call the note due immediately.
8. When necessary to protect the interest of the state in any loan transaction under the Health Professional Student Loan Program, the Missouri Department of Health and Senior Services may institute any action to recover any amount owed.
9. In the event the borrower is unable to maintain forgiveness status for this loan, and thereby is liable to repay all or a portion of this money to the Missouri Department of Health and Senior Services, he/she agrees to repay any attorney's fees the Department incurs during its collection efforts against the borrower.

**REMEDIES**

The Department retains all administrative, civil and criminal remedies for breach of this contract by the borrower.

**MODIFICATION/EXTENSION**

This contract may not be amended or modified without prior written agreement of the parties.

**EXECUTION: The Debtor must sign and date before a notary public and return to the Department for execution.**

This document only becomes fully executed when signed by the Department's authorized signatory.

**FOR THE BORROWER**

SIGNATURE

TITLE

DATE

**NOTARIZATION**

STATE

COUNTY

SUBSCRIBED AND SWORN BEFORE ME BY THE BORROWER

THIS DAY OF MONTH OF YEAR.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

Notary Public Embossed or  
Blank Ink Rubber Stamped Seal

**FOR THE DEPARTMENT OF HEALTH AND SENIOR SERVICES**

AUTHORIZED SIGNATURE

TITLE

DATE

## Exhibit 3: Developing a Sliding Fee Schedule

**What is a sliding fee schedule?**

Sliding fee schedules are locally derived mechanisms (discounts) to address how to equitably charge patients for services rendered. The mechanism must be in writing. Fees are set based on federal poverty guidelines; patient eligibility is determined by annual income and family size. Schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied, on a routine basis. For patients whose income and family size place them below poverty, a "typical" nominal fee is often between \$7 and \$15; patients between 101-200% of poverty are expected to pay some percentage of the full fee. A discounted/sliding fee schedule applies only to amounts assessed to patients. Billing for third party coverage, i.e. Medicare, Medicaid, private insurance carriers, etc., is set at the usual and customary full charge.

### **Why have sliding fee schedule?**

PRIMO Student Loan Program requires a locally determined sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, to be determined by the PRIMO Scholar. The reasonableness of fees, and the percent of a full fee that is assessed, may be subject to approval by DHSS.

### **To which patients does a sliding fee schedule apply?**

As a recipient of the PRIMO Student Loan Program and accepting the requirements to fulfill your obligation, you are agreeing to apply the sliding fee schedule equally, consistently, on a continuous basis, to all recipients of services.

### **How should a sliding fee schedule be developed?**

Each PRIMO Scholar should take the following into consideration when developing a sliding fee schedule:

- Policy must be in writing and non-discriminatory;
- No patient is denied services due to an inability to pay;
- Signage is posted to ensure that patients are aware of availability of sliding fee;
- Patients complete a written application to determine financial eligibility for the sliding fee;
- A patient's privacy is protected;
- Records are kept to account for each visit and corresponding charges (if any);
- Patients below poverty are charged a nominal fee or not charged at all;
- Providers may establish any number of incremental percentages (discount pay class) as they find appropriate between 100-200% of poverty; and
- Patients above 200% of poverty may be charged the full fee for the service(s), or; providers may continue to charge incremental percentages for services when patient income is above 200% of poverty, until 100% of the full fee is reached.

### **How and when is patient eligibility determined?**

The simplest approach is to accept the patient's word at the time the request is made. On future visits, it may be appropriate to require some form of verification. Verification will typically include tax returns and current pay stubs. In addition to annualized income verification,

eligibility may be based on current participation in certain federal/state public assistance programs, examples of which include the following:

- Social Security Income (Disability);
- Temporary Assistance for Needy Families;
- Free or Reduced School Lunch Program; and
- Other public assistance programs.

**Whose income should be counted?**

Many PRIMO Scholars count only the mother, father, and dependent children under 18 as the family. Other adults in the household, even though related, are considered separately.

**Is every patient's income reviewed?**

This is up to the PRIMO Scholar. Whatever methodology is applied, it must be non-discriminatory, uniform and evenly applied.

**How long should discount status be extended?**

This is up to the PRIMO Scholar. Many PRIMO Scholars re-evaluate eligibility on an annual or semi-annual basis. As with any registration data, staff should ask at each visit whether anything has changed since the last visit. If income has changed this should trigger a re-evaluation.

**Sample Schedule of Income Thresholds Based upon 2007 Federal Poverty Guidelines  
Six Discounted/Sliding Fee Pay Classes**

<b>Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty</b>						
<b>Family Unit Size</b>	<b>Minimum Fee</b>	<b>20% pay</b>	<b>40% pay</b>	<b>60% pay</b>	<b>80% pay</b>	<b>100% pay</b>
<b>Poverty</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>201%</b>
1	\$10,210	12,763	15,315	17,868	20,420	20,421
2	13,690	17,113	20,535	23,958	27,380	27,381
3	17,170	21,463	25,755	30,048	34,340	34,341
4	20,650	25,813	30,975	36,138	41,300	41,301
5	24,130	30,163	36,195	42,228	48,260	48,261
6	27,610	34,513	41,415	48,318	55,220	55,221
7	31,090	38,863	46,635	54,408	62,180	62,181
8	34,570	43,213	51,855	60,498	69,140	69,141
The co-payment for those below 100% of poverty is \$_____.						

Note: The income ceiling for the minimum fee pay class is equal to the federal poverty level. The 2007 federal poverty guideline increases by \$3,480 for each family member.

<b>Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty</b>						
<b>Family Unit Size</b>	<b>Minimum Fee</b>	<b>20% pay</b>	<b>40% pay</b>	<b>60% pay</b>	<b>80% pay</b>	<b>100% pay</b>
<b>Poverty</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>201%</b>
1	851	1,064	1,276	1,489	1,702	1,703
2	1,141	1,426	1,711	1,996	2,282	2,283
3	1,431	1,789	2,146	2,504	2,862	2,863
4	1,721	2,151	2,581	3,011	3,442	3,443
5	2,011	2,514	3,016	3,519	4,022	4,023
6	2,301	2,876	3,451	4,026	4,602	4,603
7	2,591	3,239	3,886	4,534	5,182	5,183
8	2,881	3,601	4,321	5,041	5,762	5,763
The co-payment for those below 100% of poverty is \$_____.						

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

**Sample Schedule of Income Thresholds Based upon 2007 Federal Poverty Guidelines  
Five Discounted/Sliding Fee Pay Classes**

<b>Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty</b>					
<b>Family Unit Size</b>	<b>Minimum Fee</b>	<b>25% pay</b>	<b>50% pay</b>	<b>75% pay</b>	<b>100% pay</b>
<b>Poverty</b>	<b>100%</b>	<b>133%</b>	<b>166%</b>	<b>200%</b>	<b>201%</b>
1	\$10,210	13,579	16,949	20,420	20,421
2	13,690	18,208	22,725	27,380	27,381
3	17,170	22,836	28,502	34,340	34,341
4	20,650	27,465	34,279	41,300	41,301
5	24,130	32,093	40,056	48,260	48,261
6	27,610	36,721	45,833	55,220	55,221
7	31,090	41,350	51,609	62,180	62,181
8	34,570	45,978	57,386	69,140	69,141
The co-payment for those below 100% of poverty is \$_____.					

Note: The income ceiling for the minimum fee pay class is equal to the federal poverty level. The 2007 federal poverty guideline increases by \$3,480 for each family member

<b>Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty</b>					
<b>Family Unit Size</b>	<b>Minimum Fee</b>	<b>25% pay</b>	<b>50% pay</b>	<b>75% pay</b>	<b>100% pay</b>
<b>Poverty</b>	<b>100%</b>	<b>133%</b>	<b>166%</b>	<b>200%</b>	<b>201%</b>
1	851	1,132	1,412	1,702	1,703
2	1,141	1,517	1,894	2,282	2,283
3	1,431	1,903	2,375	2,862	2,863
4	1,721	2,289	2,857	3,442	3,443
5	2,011	2,674	3,338	4,022	4,023
6	2,301	3,060	3,819	4,602	4,603
7	2,591	3,446	4,301	5,182	5,183
8	2,881	3,832	4,782	5,762	5,763
The co-payment for those below 100% of poverty is \$_____.					

Note: The monthly schedule is equal to the annual schedule divided by 12 months.



# **SAMPLE POLICY**

## **ABC Clinic Discount Fee Policy**

### **Policy**

It is the policy of ABC Healthcare to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply.

### **Discount Application Process**

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required. Adolescent patients seeking confidential care are exempt from the application process and services are provided at the nominal rate.

### **Services Covered and Excluded**

Medical: The discount is applied to all in-office services and off-site services supplied by ABC Clinic health care providers.

Pharmacy: Samples are provided, when available, without charge.

Lab & X-ray: The discount is applied to in-office laboratory and x-ray services. Reference laboratory tests and consulting radiology interpretations are excluded.

**“SAMPLE” HEALTH CENTER**  
**Sliding Fee Application**

It is the “Sample” Health Center policy to provide essential services regardless of the patient’s ability to pay. Discounts are offered depending upon family income and size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at the center but not those services which are purchased from outside such as reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and similar services. In the hope that your economic health improves, discounts apply only to current, not future services. This form must be completed for each visit. Please inquire at the front desk if you have questions.

**Number of related persons living in your household:**

**Total household income: (complete one column):**

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Relatives			
Total			

Note: Include income from all related persons in household and income from all sources including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature and Date

**Office Use Only**

Patient Name \_\_\_\_\_ Discount \_\_\_\_\_

Date of Service \_\_\_\_\_ Approved by \_\_\_\_\_

## FEDERAL POVERTY GUIDELINES

### What are the federal poverty guidelines?

The poverty guidelines are a version of the income thresholds used by the Census Bureau to estimate people in poverty. The thresholds are expressed as the annual income levels below which the person or family members are considered in poverty. The income threshold increases by a constant amount for each additional family member. The guidelines are *updated annually* to account for increases in the Consumer Price Index.

### Where can you get the current poverty guidelines?

The guidelines are published annually in the Federal Register and usually appear by early February. Updates may be found at <http://aspe.hhs.gov/poverty/>.

2007 HHS Poverty Guidelines

<b>Persons in Family or Household</b>	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$10,210	\$12,770	11,750
2	13,690	17,120	15,750
3	17,170	21,470	19,750
4	20,650	25,820	23,750
5	24,130	30,170	27,750
6	27,610	34,520	31,750
7	31,090	38,870	35,750
8	34,570	43,220	39,750
For each additional person, add	3,480	4,350	4,000

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SOURCE: Federal Register, Vol. 72, No. 15, January 24, 2007, pp. 3147-3148.

## **PUBLIC NOTICE SIGNAGE**

The following examples show it is not required that a posting give all the details about the sliding fee policy, nor is it required to post the actual sliding fee schedule. It is recommended that the sign be posted in a conspicuous location such as beside the front desk. It may be helpful to have the sign in several languages.

### **Sample Discount Fee Policy Signs (Words to this effect are okay)**

#### **Notice to Patients:**

**This practice serves all patients regardless of ability to pay. Discounts for essential services are offered depending upon family size and income. You may apply for a discount at the front desk.**

\* \* \*

**AVISO PARA LOS PACIENTES  
ESTE CENTRO DE SALUD ATENDERA A TODOS LOS  
PACIENTES, SIN IMPORTAR SU CAPACIDAD DE PAGO.  
LOS DESCUENTO POR SERVICIOS ESENCIALES VARIARAN  
Y SON OFRECIDOS DEPENDIENDO DEL NUMERO DE SUS  
FAMILIARES Y DE SU SUELDO. USTED PODRA APLICAR  
PARA EL DESCUENTO CON LA RECEPCIONISTA EN EL  
ESCRITORIO DEL FRENTE DE LA CLINICA. GRACIAS.**

## **SAMPLE NOTICE**

### **THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTH CARE SERVICES**

We will charge persons receiving health services at the usual and customary rate prevailing in this area. Health services will be provided at no charge, or at a reduced charge, to persons unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against any person receiving health services because of their inability to pay for services, or because payment for the health services will be made under Medicare or Medicaid. We will accept assignment under the Social Security Act for all services for which payment may be made under Medicare. We have an agreement with the State of Missouri, which administers the State plan for medical assistance under Medicaid to provide services to persons entitled to medical assistance under the plan.

## Exhibit 4: HEALTH PROFESSIONAL LOAN RECIPIENT SURVEY



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 PRIMARY CARE AND RURAL HEALTH  
 P.O. BOX 570, JEFFERSON CITY, MISSOURI 65102  
 800-891-7415 OR (573) 751-6219  
**HEALTH PROFESSIONAL LOAN RECIPIENT SURVEY**

COMPLETE ALL APPLICABLE SECTIONS				PLEASE TYPE OR PRINT IN INK	
<b>PARTICIPANT INFORMATION</b>					
NAME		SOCIAL SECURITY NUMBER		E-MAIL ADDRESS	
STREET		PROFESSIONAL LICENSE NUMBER			ISSUE DATE
CITY		STATE	ZIP CODE	TELEPHONE	
ARE YOU STILL ENROLLED IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    CURRENT YEAR IN SCHOOL _____ EXPECTED GRADUATION DATE _____ <input type="checkbox"/> NO              DATE STUDIES CEASED _____ OR    DATE OF GRADUATION _____					
PARTICIPANTS SIGNATURE				DATE	
If you are still in school/training have a representative of your program complete, sign and stamp the appropriate section below. If you are no longer attending school or have completed your education, please have your current employer complete the "Employment Section".					
<b>SCHOOL SECTION</b>			<b>RESIDENCY PROGRAM SECTION</b>		
SCHOOL NAME			PROGRAM NAME		
STREET			STREET		
CITY	STATE	CITY	STATE		
ZIP CODE	PHONE	ZIP CODE	PHONE		
FAX NUMBER	PROGRAM TYPE	FAX NUMBER	PROGRAM SPECIALTY		
SCHOOL START DATE	SCHOOL COMPLETION DATE	RESIDENCY START DATE	RESIDENCY COMPLETION DATE		
SCHOOL/RESIDENCY PROGRAM SIGNATURE			TITLE		DATE
NOTARY OR SCHOOL/PROGRAM STAMP					
<b>EMPLOYMENT SECTION</b>					
EMPLOYER			YOUR / PARTICIPANT POSITION TITLE		
STREET			CITY		
STATE	ZIP CODE		PHONE		
EMPLOYMENT SITE IF DIFFERENT THAN ADDRESS ABOVE			COUNTY OF EMPLOYMENT		
EMPLOYMENT START DATE / END DATE			HOURS WORKED PER MONTH		
EMPLOYER'S SIGNATURE					
TITLE					DATE
<b>ALL HEALTH PROFESSIONAL LOAN RECIPIENTS ARE REQUIRED TO COMPLETE AND RETURN SURVEY FORMS AT LEAST BI-ANNUALLY AND WHEN THEIR STATUS CHANGES. FAILURE TO DO SO WITHIN THE ALLOTTED TIME FRAME WILL RESULT IN A BREACH OF THEIR CONTRACT. IF YOU HAVE QUESTIONS, PLEASE CONTACT 800-891-7415.</b>					

MO 580-2318 (4-10)